


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P10904</b> 1. Entity Name <b>KLAHM &amp; SONS, INC.</b>	
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Principal Place of Business <b>2151 OLD JACKSONVILLE ROAD OCALA, FL 34470 US</b>	Mailing Address <b>2151 OLD JACKSONVILLE RD. OCALA, FL 34470 US</b>
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**DO NOT WRITE IN THIS SPACE**



08122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>99-0150130</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**KLAHM, JACK S.  
3643 S.E. 45TH PLACE  
OCALA, FL 34470**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KLAHM, JACK S. 3643 S.E. 45TH PLACE OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>KLAHM, REBECCA 3643 SE 45TH PLACE OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CHANDLER, THOMAS 3643 SE 45 OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CHANDLER, RICHARD 906 NE 3RD STREET APT 8 OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/16/04-80005-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Rebecca Klahm STD Aug 14, 04 352-861-1843  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #